M. B.—Every item of information should be carefully supplied. AGE should be stated EXACILY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. React statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

1. PLACE OF SIGNATI Constr. Towards. The No. Towards. The		CERTIFICA	IE OF DEAT	п	1 .	
Township, Levis College of Abords (No. St. Word) 2. FULL NAME	March source		•	1.19		26752
2. FULL NAME (No. Residence No. Residence N	61 - P			-a 2- i		
(a) Residence. No. Occupation of shoots) Length of residence is city or fown where death occurred PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 15. DATE OF DEATH (MONTH, DAY AND YEAR) 16. DATE OF BIRTH (MONTH, DAY AND YEAR) 17. AGE PASS MONTHS DATE 18. DATE OF BIRTH (MONTH, DAY AND YEAR) 19. DATE 19. DATE 10. NAME OF FATHER (MONTH), DAY AND YEAR) 10. OCCUPATION OF DECEASED (a) Trace, profession, or particular faind of work (b) General uniter of industry, business, or establishment in which employed (or employed) (c) Trace, profession, or particular faind of work (d) General uniter of industry, business, or establishment in which employed (or employed) (e) Name of engologe 19. BIRTHPLACE (CITY OR TOWN) 11. BIRTHPLACE (CITY OR TOWN) 12. BIRTHPLACE (CITY OR TOWN) 13. BIRTHPLACE (CITY OR TOWN) 14. BIRTHPLACE (CITY OR TOWN) 15. BIRTHPLACE (CITY OR TOWN) 16. DATE OF BURNAL (CITY OR TOWN) 17. DIA AN OPERATION PRICEDE BEATH (STATE OR COUNTRY) 18. WHERE WAS DISEASE CONTRACTED 19. MAIDEN NAME OF MOTHER (CITY OR TOWN) 10. MAIN AND PRICEDE BEATH 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) 12. BIRTHPLACE OF FATHER (CITY OR TOWN) 13. BIRTHPLACE OF FATHER (CITY OR TOWN) 14. BORDANT TAKE OF BURNAL CREWN DAYS OF SAMELY AND SAMEL	•		District No		1	
(1) Residence No. (Ultra) place of abodo) Lengths of residence to city or force where death occurred PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS S. SINCE, MARRIED, WINDOWD OR DIVERCE (Grite the word) 5. A. IF MARRIED, WINDOWD, or Divorce (co) WIFE or 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTH! DAYS JULIES than I day, brin. 8. OCCUPATION OF DECEASED (a) Track, profession, or particular fine of word, and crash occurred, on the date stated above, at 15 Julies. 8. OCCUPATION OF DECEASED (b) Track, profession, or particular fine of word, and of word and present in which employed (or employer) (c) Name of employer 10. NAME OF FATHER Quicks 11. BIRTHPLACE (CITY OR TOWN). SALLIANCE. (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN). SALLIANCE. (STATE OR COUNTRY) 13. BIRTHPLACE (CITY OR TOWN). SALLIANCE. (STATE OR COUNTRY) 14. BIRTHPLACE (OR MOTHER (CITY OR TOWN). SALLIANCE. (STATE OR COUNTRY) 15. BIRTHPLACE (OR MOTHER (CITY OR TOWN). SALLIANCE. (STATE OR COUNTRY) 16. WHERE WAS DISEASE CONTRACTED 17. WAS THERE AN AUTOPAYL. WHAT TEST KOMPRINED DIAGNOSIST. DATE OR WAS THERE AN AUTOPAYL. WHAT TEST KOMPRINED DIAGNOSIST. DATE OR WAS THERE AN AUTOPAYL. WHAT TEST KOMPRINED DIAGNOSIST. DATE OR OWN. (STATE OR COUNTRY) 16. DATE OF BURIAL CREMATION, OR REMOVAL (Marrier) 17. Language of Decaring. (STATE OR COUNTRY) 18. WERE WAS DISEASE CONTRACTED WAS THERE AN AUTOPAYL. WHAT TEST KOMPRINED DIAGNOSIST. DATE OF DEVIAL, or Indicate, or House, and Indicate or Decaring appears. 18. DATE OF BURIAL CREMATION, OR REMOVAL (Marrier) 19. PLACE OF BURIAL CREMATION, OR REMOVAL AND DECENTION. A. BOY THE CITY OR TOWN. (M. D. DATE OF BURIAL CREMATION, OR REMOVAL (Address) 20. URBERTAKER ADDRESS 21. PLACE OF BURIAL CREMATION, OR REMOVAL (ADDRESS)	City(No		•		St.	Ward)
Comparison of December Comparison of Decem		٠ /كب				700
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SARCIE. MARRIED. WIDOWED OR DIVORCED (even the word) 15. AI MARRIED. WIDOWED, OR DIVORCED (cont the word) 17. AGE YEARS MORTH, DAY AND YEAR) 2. AGE YEARS MORTH, DAY AND YEAR DATE (LESS than I day,	(a) Residence. No(Usual place of abode)		***************************************	.WardWard.	If nonresident give city	or town and State)
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (crivi the world) The Color of Protect (crivi the world) 5. If MARRIED, WIDOWED, OR DIVORCED HUBBRING 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS 11 LESS than I day, bring a country 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kined of work — Convenience in which employed (or employer) (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of condition 10. NAME OF FATHER CITY ON TOWN) 11. BIRTHPLACE (CITY ON TOWN) 12. MAIDEN NAME OF MOTHER (CITY ON TOWN) 13. BIRTHPLACE OF MOTHER (CITY ON TOWN) 14. INFORMANT XYLLS 15. SNALLS 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. INFORMANT XYLLS 18. SALLS 19. PLACE OF BEATH (MONTH, DAY AND YEAR) 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF DEATH (MONTH, DAY AND YEAR) 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF DEATH (MONTH, DAY AND YEAR) 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF DEATH (MONTH, DAY AND YEAR) 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL SALLS 19. PLACE OF BURIAL CONTRIBUTORY (SECONDARY) MAY 1822 SONTHANDED DIAGNOSISI MAY 1823 AND NATURE OF DEATH. (MAIN 1823 AND NATURE OF DEATH. 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL CONTRIBUTORY (SECONDARY) MAY 1823 CARRIED (MONTH, DAY AND YEAR) 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL CONTRIBUTORY (SECONDARY) MAY 1823 CARRIED (MONTH, DAY AND YEAR) 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL CONTRIBUTORY (SECONDARY OR THE CITY ON TOWN) MAY 1823 AND NATURE OF DEATH. MAY 1824 ADDRESS 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL CONTRIBUTORY (SECONDARY OR THE CITY ON TOWN) MAY 1824 AND NATURE OF DEATH. MAY 1824 AND NATURE O	Length of residence in city or town where death occurred	yrs. mos.	ds.	How long in U.S., if	of foreign birth?	yrs. mos. da.
Divorced (erris the world) 3. If MARRIED, WIDOWED OR DIVORCED (OR) WITE OF DEATH (NORTH, DAY AND YEAR) 6. DATE OF BIRTH (NORTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS 11 LESS than 1 day,	PERSONAL AND STATISTICAL PARTIC	ULARS	1 -2	MEDICAL C	ERTIFICATE OF DI	EATH
S. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF (OR) WIFE OR (OR) WIFE OF (OR) WIFE OR (OR) WI	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)		16. DATE C	F DEATH (MONTH, I	DAY, AND YEAR)	大 15. 19 24
5. DATE OF BIRTH (MONTH). DAY AND YEAR) 6. DATE OF BIRTH (MONTH). DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than I THE CAUSE OF DEATH WAS AS FOLLOWS: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of works (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT TYMAR SAO TYMAR OPERAL OF BURIAL (See reverse side for additional space) 15. PLACE OF BURIAL CREMATION, OR REMOVAL (Address) 16. MARRE OF BURIAL CREMATION, OR REMOVAL (Marrian) (STATE OR COUNTRY) 17. MARRIAL TYMAR SAO TYMAR OPERAL OF BURIAL CREMATION, OR REMOVAL (Address) 18. WHERE WAS DISEASE CONTRACTED WHAT TEST CONTRIBED DIAGNOSISI. (Marrian) (STATE OR COUNTRY) 19. PLACE OF BURIAL CREMATION, OR REMOVAL (Address) 19. PLACE OF BURIAL CREMATION, OR REMOVAL (Address) 10. MARRE OF BURIAL CREMATION, OR REMOVAL (Address) 10. MARRIAN TYMAR SAO TYMAR OPERAL OF BURIAL (Resultions) (STATE OR COUNTRY) 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF BURIAL CREMATION, OR REMOVAL (Marrian) (Marri	male white man	iad .	17.		19	
6. DATE OF BIRTH (MONTH, DAY MO YEAR) 7. AGE YEARS MONTHS DAYS II LESS than I day, birdy of moin. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work particular kind of wo	SA. IF MARRIED, WIDOWED, OR DIVORCED		Six	EREBY CERT	1.FY, That I altended of	6 5 102 4
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DATS II LESS than 1 day,	HUSBAND OF (OR) WIFE OF		that I bos saw	h.	sefi 1	15 1924 and that
7. AGE YEARS MONTHS DAYS II LESS than I day, brs. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work D. O.	mary Kurder	<u> </u>	death occurred	on the date stated ab	ore, at 930	س. به.
7. AGE YEARS MONTHS DAYS II LESS than 1 day, hr.	6. DATE OF BIRTH (MONTH, DAY AND YEAR)		.H THE	CAUSE OF DEATH		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of indiastry, business, or establishment in which employed (or employer) (c) Name of employer (duration) 775 mes day (STATE OR COUNTRY) 11. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT TAKE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 15. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 16. HARDEN AND NATURE OF INJURY, and (2) whether Accurant Reticipal, or Homicidal, (See reverse side for additional space) 16. HARDEN AND NATURE OF INJURY, and (2) whether Accurant, Stitichal, or Homicidal, (See reverse side for additional space) 17. DIP ACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 18. Where was disease contracted 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 20. UNDERTAKER ADDRESS	7. AGE YEARS MONTHS DAYS			<i>7</i> . \ <i>I</i>		73
8. OCCUPATION OF DECEASED (a) Trade, profession, or perficular kind of work (b) General nature of industry, husinesses, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT TAKES OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 15. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) 16. WHERE WAS DISEASE CONTRACTED 17. DID AN OPERATION PRECEDE DEATH. (STATE OR COUNTRY) WHAT TEST CONTRINED DIAGNOSISI (Signed) (Signed) (I) MEANS AND NATURE OF INJURY, and (2) whether Accuracy, state (1) MEANS AND NATURE OF INJURY, and (2) Whether Accuracy, is take (1) MEANS AND NATURE OF INJURY, and (2) Whether Accuracy, is take (1) MEANS AND NATURE OF INJURY, and (2) Whether Accuracy, or Insurer, and (2) Whether Accuracy, is take (1) MEANS AND NATURE OF INJURY, and (2) Whether Accuracy, is take (1) MEANS AND NATURE OF INJURY, and (2) Whether Accuracy, or Insurer, and (3) Whether Accuracy, or Insurer, and (4	97 2 28	1 ***		7	1 1	1
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) (STATE OR COUNTRY) 10. NAME OF FATHER GUILD 11. BIRTHPLACE OF FATHER (city or town) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (city or town) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (city or town) (STATE OR COUNTRY) 14. INFORMANT TYPE GROWN 15. INFORMANT TYPE GROWN 16. OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 16. Where was disease contracted 17. Date of Material Deaths. (Signed) (Signed) (Signed) (Signed) (M. D (Many and National Regular Laboration Packer (Many and National	0,1	' =	100		1110	
Did an Operation Precede Deaths. 10. Name of employer 11. BIRTHPLACE (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT TAKES 15. Did an Operation Precede deaths of the Diagnosiss of Mother (CITY OR TOWN) 16. Name of employer 17. Did an Operation Precede Deaths. 18. Where was disease contracted 19. Name of Eastern and Autopsys. Was there an autopsys. What test confirmed Diagnosiss. What is a Causing Death, or in deaths from Violent Causes, state (1) Means and Natures of Injurat, and (2) whether Accubental, Sticmal, or Homicidal. (See reverse side for additional space) 14. Informant Takes 15. Diagnosiss 16. Operation Precede Deaths. Contributory Was there an autopsys. What iest confirmed Diagnosiss. Diagnosiss What iest confirmed Diagnosiss. Diagnosiss What iest confirmed Diagnosiss. What iest conf			1	······································	A B	<u> </u>
(b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN). ** ** ** ** ** ** ** ** ** ** ** ** **			///	, <u> </u>	(duration))	775da,
business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) 10. NAME OF FATHER 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT TAKE GROUNTRY 15. INFORMANT TAKE GROUNTRY 16. INFORMANT TAKE GROUNTRY 17. DID AN OPERATION PRECEDE DEATHT. 18. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 19. NOT AT PLACE OF DEATHT. 19. DID AN OPERATION PRECEDE DEATHT. 20. DID AN OPERATION PRECEDE DEATHT. 21. MAIDEN NAME OF MOTHER (CITY OR TOWN) 22. DID AN OPERATION PRECEDE DEATHT. 23. DID AN OPERATION PRECEDE DEATHT. 24. DID AN OPERATION PRECEDE DEATHT. 25. DID AN OPERATION PRECEDE DEATHT. 26. DID AN OPERATION PRECEDE DEATHT. 26. DID AN OPERATION PRECEDE DEATHT. 27. DATE OF DEATHT. 28. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 19. NOT AT PLACE OF DEATHT. 26. DID AN OPERATION PRECEDE DEATHT. 27. DATE OF DEATHT. 28. WHERE WAS DISEASE CONTRACTED 19. NOT AT PLACE OF DEATHT. 29. DATE OF DEATHT. 20. DATE OF DEATHT. 20. DATE OF DEATHT. 20. DATE OF BURIAL 20. DATE OF BURIAL 21. DATE OF BURIAL 22. DATE OF BURIAL 23. DATE OF BURIAL 24. DATE OF BURIAL 25. DATE OF BURIAL 26. DATE OF BURIAL 27. DATE OF BURIAL 28. DATE OF BURIAL 29. DATE OF BURIAL 20. UNDERTAKER	•	******			luinger in	Hund
(c) Name of employer 9. BIRTHPLACE (CITY OR TOWN)	business, or establishment in		(SECONDAR	rr) /		(~
9. BIRTHPLACE (CITY OR TOWN) CALLED IF NOT AT PLACE OF DEATH? 10. NAME OF FATHER CULL OF TOWN) CALLED OF MARKET OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) CALLED OF WAS THERE AN AUTOPSY!. 12. MAIDEN NAME OF MOTHER CITY OR TOWN) CALLED OF MOTHER CITY OR TOWN) 13. BIRTHPLACE OF MOTHER CITY OR TOWN) CALLED OF MOTHER CITY OR TOWN) 14. INFORMANT CALLED OF MOTHER CITY OR TOWN) 15. INFORMANT CALLED OF MOTHER CITY OR TOWN) 16. INFORMANT CALLED OF MOTHER CITY OR TOWN) 17. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (Address) 18. WHERE WAS DISEASE CONTRACTED 19. PLACE OF DEATH? 10. NAME OF FATHER CITY OR TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER CITY OR TOWN) 13. BIRTHPLACE OF MOTHER CITY OR TOWN) 14. INFORMANT CALLED OF MOTHER CITY OR TOWN) 15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 16. WHERE WAS DISEASE CONTRACTED WAS THERE AN AUTOPSY! WHAT TEST CONFIRMED DIAGNOSIS! WHAT TEST CONFIRMED DIAGNO	• • • •	··	·	••••••	(duration)	775dsds.
DID AN OPERATION PRECEDE DEATH). DID AN OPERATION PRECEDE DEATH). DID AN OPERATION PRECEDE DEATH). DATE OF WAS THERE AN AUTOPSY!. WHAT TEST CONFIRMED DIAGNOSIS! WHAT TEST CONFIRMED DIA	(c) Name et employer		18. WHERE	NAS DISEASE CONTRACT	ED	
DID AN OPERATION PRECEDE DEATH. DATE OF WAS THERE AN AUTOPSY! WHAT TEST CONFIRMED DIAGNOSIST WHAT TEST CONFIRME	9. BIRTHPLACE (CITY OR TOWN) XALITULAR	4	IF NOT	I AT PLACE OF DEATH?.		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) QUILLE WHAT TEST CONFIRMED DIAGNOSIST WHAT DEST CONFIRMED DIAGNOSIST WHAT TEST CONFIRMED DIAGNOSIST WHAT TEST CONFIRMED DIAGNOSIST WHAT DEST C		\	Dun av		710 Dur or	
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT TYPES 15. MAIDEN STATE OR COUNTRY) 16. INFORMANT TYPES 17. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) 18. DECEMBER OF MOTHER (CITY OR TOWN) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) 10. UNDERTAKER ADDRESS REGISTERAR REGISTERAR PLACE OF BURIAL (CREMATION) 19. PLACE OF BURIAL (CREMATION)	10. NAME OF FATHER SCALLS - 1	- Agni	"	;	_	
(STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (LITTLE MALLAGE OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT TYPE OF ACCIDENTAL SUICIDAL OF HOMICIDAL (See reverse side for additional space.) 15. Dept. 19 24 20. UNDERTAKER REGISTERS REGISTE			. WAS THE	RE AN AUTOPSY?	~ ^1	o
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT TYPE OF ACCIDENTAL SUICIDAL OF HOMICIDAL (See reverse side for additional space.) 15. 16. 17. 18. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL OF BURIAL (Address) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL OF BURIAL OF BU	ம் 11. BIRTHPLACE OF FATHER (CITY OR TOWN)	pushauilu	WHAT TE	EST CONFIRMED DIAGNO	SIST. WOSANCE	and of
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT TYPE OF ACCIDENTAL SUICIDAL OF HOMICIDAL (See reverse side for additional space.) 15. 16. 17. 18. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL OF BURIAL (Address) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL OF BURIAL OF BU	(STATE OR COUNTRY)		, S	(ned)	JANIN	, н. р
(STATE OR COUNTRY) (STATE OR COUNTRY) (Address) (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 14. Informant Type Sao Type Dominist 19. Place of Burial, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 15. Date of Burial, CREMATION, OR REMOVAL 9 - 16 19 24 20. URDERTAKER 20. URDERTAKER ADDRESS	\$ 12. MAIDEN NAME OF MOTHER Kittie Judgius		18 J	5 ~	Cliam	nt. mo.
HOSTICTIAL (See reverse side for additional space.) 14. INFORMANT TYPE Gas TYPE See	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)					
14. INFORMANT TYPE GAO THE DOMEST 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 15. BASE 16. 1924 16. 1924 17. REGISTRAR 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL Q-16 1924 20. UNDERTAKER ADDRESS	(STATE OR COUNTRY) Kautuci	RY				ACCIDENTAL, DUICIDAL, OF
(Address) 15. Both 1924 The 1924 REGISTERS REGISTERS OR C.	14. Jan Geo mane	400000	II	·		I DATE OF BURIAL
15. P. 1924 MINNEY 20. UNDERTAKER ADDRESS		manada.		or bonial, cremi	on on numeral	
FILE 19) TO THE REGISTRAN S. C. C.		<u> </u>	- Word	@ secon	ALLI C	4-16 1924
REGISTRAR & Brice manyalle ma	15. Det 16 11 11 11 11 11 11 11 11 11 11 11 11	rey	20. UNDER	TAKER		ADDRESS
THE CONTRACTOR OF THE CONTRACT	1 .	REGISTRAR	$\mathbb{D} \mathcal{K} \parallel$	عمنہ	٧٠,	danien w
			<u>" 0 - </u>			The state of the s

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing Death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Broncho; pneumonia ("Pneumonia," unqualified, is indefinite), Tuberculosis of lungs, meninges, peritoneum, etc. Carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles, Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death). 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.). "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS State MEANS OF INJURY and qualify 88 ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF 88 probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide. Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommends, tions on statement: of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Nora.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus," But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later